



**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF SAFE DRINKING WATER  
TECHNICAL REVIEW FORM**

**SURFACE WATER SUPPLIES  
(N.J.A.C. 7:10-11.8)**

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 Water Purveyor

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 PWSID#

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 Municipality

Source of Water (i.e. identify the body of water):

Latitude and Longitude of Intake: \_\_\_\_\_ Water Diversion Approval No:

Maximum Permitted Withdraw: \_\_\_\_\_ Total Pumping Capacity:

Major Pollutant Sources within the Watershed:

Minor Pollutant Sources within One Mile Upstream of Intake:

	YES	NO	N/A
<b>Watershed Monitoring</b>			
1. Has a watershed-monitoring program for water quality been approved by the Department and implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has an evaluation of all major and minor pollutant sources been performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has a watershed monitoring and emergency response plan been approved by the Department and implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Intake Design**

1. Is the surface water intake equipped with multiple units (excluding raw water intake lines) to provide firm capacity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the intake structure located and arranged to minimize the impact of surface drainage on water quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the maximum surface water intake velocity exceed one-half foot per second?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the intake designed to allow for the selective withdraw of water from multiple levels of the reservoir?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- |  | YES                      | NO                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| 5. Is the intake protected by removable or cleanable coarse screens or racks to prevent debris from entering the water system? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the intake located within 100 feet of a septic system or sanitary sewer line?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is all mechanical equipment located above the 100 year flood plain?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### **Treatment Facilities**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Has pilot test data been submitted for the proposed treatment process?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does treatment, at a minimum, include coagulation, flocculation, gravity filtration, and disinfection?                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the treatment facility designed to accommodate powder activated carbon or granular activated carbon treatment units?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the treatment plant designed to provide firm capacity to meet peak demands (excluding coagulation, flocculation, and sedimentation)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is auxiliary power provided?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### **Equipment**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Is equipment provided for the continuous monitoring and recording of the disinfectant residual entering the distribution system? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is equipment provided for the continuous monitoring and recording of the turbidity from each individual filter?                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is each filter design to have the capability to filter to waste at the normal production rate?                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

\*\*\*Submit appropriate engineering plans, specifications, reports, etc. to substantiate your answers. \*\*\*

I hereby certify that answers provided herein are accurate and reflective of the project being considered for approval.

Signature of Engineer  
Professional Engineer's Embossed Seal

Date

N.J.P.E. #

\_\_\_\_\_  
Print Name of Engineering Firm

Type or